

**DATA FOR CALCULATION OF RETIREMENT OR VESTED TERMINATION
BENEFIT**

Name of Plan: _____
(Include City or District Name)

Name of Terminating Member: _____ Sex: _____

Date of Birth: _____ Date of Employment: _____

Anticipated Date of Termination: _____

If Disability, Date of Board Approval of Disability: _____

In-Line-of-Duty: _____ Not-In-Line-of-Duty: _____

Optional Benefits to be calculated in addition to Normal Form (10 Year Certain and Life Annuity).

_____ Joint and Last Survivor _____ Life Annuity (ceasing upon death of retiree).

Beneficiary information (If Joint & Last Survivor Option desired)

Name: _____

Sex: _____ Relationship: _____ Date of Birth: _____

*Compensation Data: Applicable Compensation (Base Pay for Firefighters/Total Compensation for Police Officers) Average paid for the five (5) best years of last ten (10) years of creditable service prior to termination. Volunteer firefighters: Average of the best five (5) years of the last ten (10) contributing years prior to termination or career average as a volunteer since July 1, 1953, whichever is greater.

Total Amount: _____

***Please furnish detail showing how this amount was calculated. Note the specific limitations on overtime compensation and accrued unused sick or annual leave contained in sections 175.032(5) and 185.02(6), Florida Statutes. Please confirm that reported compensation amounts comply with these requirements.**

Employee Contributions since date of entry: _____ Taxed

_____ Pre-Taxed (414-H)

_____ TOTAL

CERTIFICATION OF BENEFIT CALCULATION DATA

_____ Name	_____ Mailing Address
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_____ Title	_____ Telephone Number / Email
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